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# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

	<p style="margin: 0;">Application Number</p> <p style="margin: 0;">10/526,013-Conf. #4664</p>
	<p style="margin: 0;">Filing Date</p> <p style="margin: 0;">October 21, 2005</p>
	<p style="margin: 0;">First Named Inventor</p> <p style="margin: 0;">Hiroaki ZAIMA</p>
	<p style="margin: 0;">Art Unit</p> <p style="margin: 0;">2624</p>
	<p style="margin: 0;">Examiner Name</p> <p style="margin: 0;">S. C. Chawan</p>
Total Number of Pages in This Submission	<p style="margin: 0;">Attorney Docket Number</p> <p style="margin: 0;">0033-0986PUS1</p>

**ENCLOSURES (Check all that apply)**

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached  <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application  <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <p style="margin-left: 20px;">Reply to Restriction Requirement</p> <p style="margin-left: 20px;">Remarks</p>
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**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name	BIRCH, STEWART, KOLASCH & BIRCH, LLP		
Signature			
Printed name	Michael R. Cammarata		
Date	December 17, 2008	Reg. No.	39,491